



**LICENSING DIVISION**  
P.O. Box 989002 (916) 445-7724  
West Sacramento, CA 95798-9002



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES  
PERSONAL IDENTIFICATION FORM**

Each person applying for an Instructor Certification (Form 31B-3) and each person listed on the Application for Training Facility Certification (Form 31B-4) as an owner, partner, corporate officer and certified instructor must complete one of these forms. This form is also to be completed for any corporate officer and certified instructor change or addition after a Training Facility Certification is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer, and any other officer who will be active in the business.

This form must be accompanied by one set of classifiable fingerprints, the fingerprint processing fee, and two photographs, taken within the past year, that are 1 1/2" x 2" in size and of passport quality.

This information is requested pursuant to California Business and Professions Code sections 480, 7525, 7525.1, 7533.5, and Labor Code section 432.7 and will be used to determine eligibility for certification. All information is mandatory, and if not provided, the application may be rejected.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 USCA(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Please type or print clearly

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1. This application is for:		A new certification <input type="checkbox"/>		A change in an existing training facility certification <input type="checkbox"/>	
		Officer <input type="checkbox"/>		Instructor <input type="checkbox"/>	
				Additional Instructor <input type="checkbox"/>	
2. The type of certification is:					
Firearm Training Facility <input type="checkbox"/>		Baton Training Facility <input type="checkbox"/>		Firearm Instructor <input type="checkbox"/>	
				Baton Instructor <input type="checkbox"/>	
3. Name of Instructor:					
4. Training Facility Name			5. Certification Number (If licensed)		
6. Name (No initials)	Last	First	Middle	7. Social Security Number (Mandatory)	
8. Residence Address - Number and Street			City	State	ZIP Code
9. Telephone Number			10. Date of Birth (Mo/Day/Yr)		
Residence ( ) Business ( )					
11. Your Position with Business: (Check all that apply)					
Owner <input type="checkbox"/>		Partner <input type="checkbox"/>		Certified Instructor <input type="checkbox"/>	
Officer <input type="checkbox"/>		Office Held _____		Other <input type="checkbox"/>	
12. Have you ever applied for or received a license or registration from the Department of Consumer Affairs or the Bureau of Security and Investigative Services?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Have you ever been convicted of any crime or entered a plea of nolo contendere? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed.)					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are you currently on bail and/or your own recognizance for an arrest for a crime other than a minor traffic violation?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Have you ever used a name other than your present legal name?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT:** If you answered "yes" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc. Convictions dismissed under section 1203.4 of the Penal Code and any plea of nolo contendere MUST be disclosed.

**17. EMPLOYMENT HISTORY:** Your past five-year (5) employment history must be shown. Any lapse of employment during those five years must be explained. List most recent experience first. Qualified managers must list ALL qualifying experience and attach completed Certificate in Support of Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

Name of Employer:		Telephone Number ( )		Duties performed:
Address Number and Street				
City	State	ZIP Code		
Your Position Title:		Supervisor's Name		
Dates Employed (Mo/Day/Yr) From To		Total Number of Hours Worked		
Name of Employer:		Telephone Number ( )		Duties performed:
Address Number and Street				
City	State	ZIP Code		
Your Position Title:		Supervisor's Name		
Dates Employed (Mo/Day/Yr) From To		Total Number of Hours Worked		
Name of Employer:		Telephone Number ( )		Duties performed:
Address Number and Street				
City	State	ZIP Code		
Your Position Title:		Supervisor's Name		
Dates Employed (Mo/Day/Yr) From To		Total Number of Hours Worked		

**18. LIST YOUR RESIDENCE ADDRESSES FOR THE PAST FIVE YEARS. GIVE THE MOST RECENT FIRST, USING ADDITIONAL SHEET IF NECESSARY.**

NUMBER AND STREET	CITY	STATE	PERIOD	
			From	To

**ATTENTION - READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM**

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that/ **ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF CERTIFICATE.**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Per California Civil Code, Section 1798.17 (Information Practices Act), the chief of the bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Attach two  
Photographs taken  
within the past year.

Size 1 1/2" x 2"

**FOR DEPARTMENT USE ONLY**

Exp \_\_\_\_\_

FP 1 \_\_\_\_\_

FP 2 \_\_\_\_\_